## BEST AVAILABLE COPY

PATEN	T APPLICATION FEE DETERMINATION RECORD
	Effective October 1, 2001
	CLAIMS AS EU ED . PART I

Application or Docket Number

POU 920010125051

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER TH		
TOTAL CLAIMS			22					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		• 2			X\$ 9=		ОЯ	X\$18=	36	
IND	EPENDENT CL	AIMS	5 minus 3 =		2			X42=.	•	OR	X84=	168	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	700	
• If the difference in column 1 is less than zero, enter					<b>"0"</b> in c	xolumn 2	į	TOTAL -	;		TOTAL	944	
CLAIMS AS AMENDED - PART II										OTHER			
			SMALL	ENTITY .	QR	1							
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 22	Minus	**		•		X\$ 9=	- Lef	OR	X\$18=		
AME	Independent	· 6	Minus	***	. <i>.</i>	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							+140=	-		+280=		
									1	OR	TOTAL		
								DOTAL DOTT, FEE		OA	ADDIT, FEE		
/(	3-3-25	(Column 1)		(Colum		(Column 3)		}	\			;	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	P	RATE	ADDI- TIONAL FEE	
Ž	Total `	• 22	Minus	- 2	Z .	• ~	Н	X\$ 9=	3.	OR	X\$18=		
ME	Independent	: 6	Minus	*** (	/	•	П	X42=	्राष्ट्रा संदर्भ	ÖŘ	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			UH	<i>y</i> -		
								+140=		OR	-+280=		
ADDIT, EEE OR ADDIT, FEE													
		(Column 1)		(Colu		(Column 3)		·- * - · .	·				
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
MO	Total	•	Minus	-		<b>-</b> ·	lſ	X3 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	•••	14.5111	B-				خ			
<	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		3 I	X42=		OR	X84=	i	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+140=		OR	+280=	,;	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  OR ADDIT, FEE  OR ADDIT, FEE													
		mber Previously Pa					er fou	and in the app	propriate box	k (tri cco	lumn 1.		